

Exhibit A

Table Denoting Differences Between Competing Proposed Plaintiff Profile Forms			
Category of Information¹	Information Provided in PSC's Proposal²	Information Provided in TN Def.'s Proposal³	Information Provided in STE's Proposal⁴
Length of Profile Form	10 pages 28 questions 2 doc. requests	14 pages ⁵ 50 questions 4 doc. requests	18 pages 58 questions 9 doc. requests
A. Timeframe	5 year timeframe ⁶	10 year timeframe	10 year timeframe
B. Basic Demographic Information	No information	#s 16-19 Disclose: 1. Last 4 digits of SSN 2. Date and Place of Birth 3. Gender 4. Driver's License No. and Issuing State	#s 18-21 Disclose: 1. Full SSN 2. Date and Place of Birth 3. Gender 4. Driver's License No. and Issuing State
C. Other Lawsuits	No information	#s 4, 14 Identify: 1. Other Suits Filed re: NECC Products 2. Previous Personal Injury Suits	#s 4, 15 Identify: 1. Other Suits Filed re: NECC Products 2. Previous Personal Injury Suits

¹Each row is labeled with the corresponding subsection of the Tennessee Defendants' contemporaneously-filed Response addressing the questions at issue.

² The numbers following the "#" correspond to the relevant question numbers from the PSC's proposed profile form.

³ The numbers following the "#" correspond to the relevant question numbers from the Tennessee Defendants' proposed profile form.

⁴ The numbers following the "#" correspond to the relevant question numbers from the Saint Thomas Entities' proposed profile form.

⁵ The Tennessee Defendants added some spacing to their proposed form to improve formatting which adds at least a page to it. When formatted like the other two proposed profile forms, the Tennessee Defendants' proposed profile form is 14 pages long. See, e.g., pages 6, 13 of the Tennessee Defendants' proposed profile form.

⁶ Except for two questions, #s 9, 22.

D. Illnesses Allegedly Caused by NECC MPA	No information	#s 31-36 Disclose: 1. Symptoms Experienced 2. Whether Injury was Diagnosed by Physician 3. Whether Physician Said NECC MPA Caused Injury 4. Aggravation of Preexisting Condition	#s 38-43 Disclose: 1. Symptoms Experienced 2. Whether Injury was Diagnosed by Physician 3. Whether Physician Said NECC MPA Caused Injury 4. Aggravation of Preexisting Condition
E. Communications re: NECC Products	No Information	# 38, doc. requests 3, 4 Describe: 1. Conversations re: NECC Product with Health Care Providers Produce: 2. Warnings re: NECC Products	# 45, doc. requests 5, 8 Describe: 1. Conversations re: NECC Product with Health Care Providers Produce: 2. Warnings re: NECC Products
F. Loss of Income	# 4 Disclose: 1. Total Amount of Income Lost	#s 5, 7 Disclose: 1. Total Amount of Income Lost 2. Explanation of Calculation of Total Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury 5. Whether Income Loss is Ongoing	#s 5, 7 Disclose: 1. Total Amount of Income Lost 2. Explanation of Calculation of Total Lost Income 3. Current Annual Income 4. Annual Income at Time of Injury
G. Loss of Consortium	No information	#s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium 3. Spouse's Date of Birth and Occupation	#s 23, 25 Disclose: 1. Whether Claiming Loss of Consortium 2. Who is Claiming Loss of Consortium 3. Spouse's Date of Birth and Occupation

H. Personal Medical History	<p># 23</p> <p>Disclose:</p> <ol style="list-style-type: none"> 1. Myocardial infarction (MI) or heart attack, 2. Hypertension 3. Stroke 4. Diabetes 5. Cirrhosis 6. Congestive heart failure 7. Hepatitis 8. Chronic obstructive pulmonary disease (COPD) 9. Arteriosclerosis 10. Kidney Failure-Acute Renal Failure, ESRD 	<p># 44</p> <p>Disclose:</p> <ol style="list-style-type: none"> 1. High cholesterol 2. Hypertension/high blood pressure 3. Diabetes 4. Neuropathy 5. Thyroid disorder 6. Arthritis/joint pain 7. Chronic pain 8. Autoimmune disease (including HIV, AIDS, or Crohn's disease) 9. Myocardial infarction (MI), heart attack, or other heart disease 10. Stroke or transient ischemic attacks (TIAs) 11. Chronic obstructive pulmonary disease (COPD) or other respiratory disease 12. Liver disease or jaundice 13. Metabolic syndrome 14. Enlarged prostate 15. Arteriosclerosis (hardening of the arteries) or other vascular disease 16. Osteomyelitis 17. Spinal abscess 18. Cirrhosis 19. Hepatitis 20. Kidney failure (end stage renal failure, dialysis) 21. Depression 	<p># 52</p> <p>Disclose:</p> <ol style="list-style-type: none"> 1. High cholesterol 2. Hypertension/high blood pressure 3. Diabetes 4. Diabetes 5. Neuropathy 6. Thyroid disorder 7. Arthritis/joint pain 8. Chronic pain 9. Autoimmune disease (including HIV, AIDS, or Crohn's disease) 10. Congestive Heart Failure 11. Myocardial infarction (MI), heart attack, or other heart disease 12. Stroke or transient ischemic attacks (TIAs) 13. Chronic obstructive pulmonary disease (COPD) or other respiratory disease 14. Liver disease or jaundice 15. Metabolic syndrome 16. Enlarged prostate 17. Arteriosclerosis (hardening of the arteries) or other vascular disease 18. Osteomyelitis 19. Spinal abscess 20. Cirrhosis 21. Hepatitis 22. Kidney failure (end stage renal failure, dialysis) 23. Depression
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I. Family Medical History	No information	# 26 Disclose: 1. Illness ⁷	#s 29, 30 Disclose: 1. Illness ⁸ 2. Family Member 3. Date of Death 4. Cause of Death
J. Substance Abuse	No information	#s 42, 43 Disclose: 1. Only Periods of Regular Drug Use 2. Only Periods of Alcohol Use Exceeding 10 Drinks per Week	#s 49, 50 Disclose: 1. Any Alcohol Use 2. Any Drug Use
K. Identification of Treating Health Care Providers	# 26 Identify: 1. Physicians Only 2. Address 3. Dates of Treatment	# 47 Identify: 1. All Health Care Providers 2. Address 3. Dates of Treatment 4. Diagnosis & Treatment	#s 55, 57 Identify: 1. All Health Care Providers 2. Address 3. Dates of Treatment
L. Medication Use	No information	# 23 Medications used: 1. Pain Relievers 2. Disease-Modifying Agents/Fungal Medications 3. Steroids 4. Injectable Medications	# 53 Medications used: 1. Pain Relievers 2. Insulin or Glucose-Lowering Agents 3. Lipid-Lowering Agents 4. Disease-Modifying Agents/Fungal Medications 5. Steroids 6. Injectable Medications
M. Disability and Workers' Comp.	#s 5, 6 Disclose: 1. Disability/WC Benefits Received 2. Year 3. Nature of Disability	#s 9-13 Disclose: 1. Disability/WC Benefits Received 2. Year 3. Nature of Disability 4. Length of Disability	#s 9-13 Disclose: 1. Disability/WC Benefits Received 2. Year 3. Nature of Disability 4. Length of Disability

⁷ The illnesses that must be disclosed are the same as those listed in Row H immediately above.

⁸ The illnesses that must be disclosed are immune disorders (e.g., HIV, AIDS), autoimmune disorders (Crohn's disease, lupus, etc.), arthritis/joint pain, chronic pain, diabetes, heart attack, cardiac disease, high cholesterol, high blood pressure, blood clots, coronary artery disease, congestive heart failure, deep vein thrombosis, vascular disease, transient ischemic attack, or stroke.

N. Lienholders	# 7 Disclose: 1. Name of Lienholder	# 15 Disclose: 1. Name of Lienholder 2. Address of Lienholder	# 16 Disclose: 1. Name of Lienholder 2. Address of Lienholder
O. Mental Health Treatment	#s 18, 19 Disclose: 1. Name of Treatment Provider 2. Condition	# 37 Disclose: 1. Name of Treatment Provider 2. Dates of Treatment 3. Address 4. Diagnosis and Treatment	# 44 Disclose: 1. Name of Treatment Provider 2. Dates of Treatment 3. Address 4. Diagnosis and Treatment
P. Autopsy Report	Not Required	Doc. request # 2	Not Required